

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-026181

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

318  
1003  
6688  
FILED JUL 5 1963

1. PLACE OF DEATH

a. COUNTY

Missouri

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis

Length of stay in 1b

14 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

admission)

c. CITY

St. Louis

OR TOWN

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

St. Louis-Little Rock

Hospitals, Inc.

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

6307 Louisiana

(If outside, give location)

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First Leonhard

Middle Phillip

Last Michael

4. DATE OF DEATH

Month June

Day 25

Year 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Jan 4, 1893

9. AGE (last birthday)

70

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Motion Picture Operator

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

John A. Michael

13b. MOTHER'S MAIDEN NAME

Magdalena Hesser

14. NAME OF HUSBAND OR WIFE

wife- Leah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

none

16. SOCIAL SECURITY NO.

17. INFORMANT Address

ah Michael 6307 Louisiana

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CARDIAC FAILURE ACUTE

INTERVAL BETWEEN ONSET AND DEATH

10 Hours

DUE TO (b)

CORONARY ARTERY DISEASE

10 + yrs

DUE TO (c)

ARTERIO SCLEROTIC H.D.

420.0H

"

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

DIABETES MELLITUS, CARCINOMA OF SIGMOID COLON

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

June 11, 1963

to June 25, 1963

and last saw him alive on 6-24-63

Death occurred at

3.45 A.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

1755 So Grand Blvd

22c. DATE SIGNED

6/25/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

removal

23b. DATE

6-28-63

23c. NAME OF CEMETERY OR CREMATORY

Sunset Burial Park

23d. LOCATION (City, town, or county)

St. Louis County, Mo.

(State)

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

JUN 26 1963

Good Smith. M.D.

6322 S. Grand Blvd.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATE

BY AFFIDAVIT OF

VS 300  
Rev. 4/59  
1  
2 20  
3  
4 0  
5 1  
6  
7 0  
8 1  
9  
10  
11  
12 69-0  
13

69

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Samuel C. Hill

Licensed Embalmer No. 4347  
P. O. Address 6322 St. Andrew

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.